

Fill in this information to identify your case:

| | | | |
|---|---------------------------|-------------|-----------|
| Debtor 1 | JULIANA MAYER LOZA | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF NEVADA | | |
| Case number | 21-50466 | | |
| (if known) | | | |

☐ Check if this is an amended filing
Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

| | | Your assets Value of what you own |
|---|----|---|
| 1. Schedule A/B: Property (Official Form 106A/B) | | |
| 1a. Copy line 55, Total real estate, from Schedule A/B..... | \$ | 1,400,000.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B..... | \$ | 47,576.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B..... | \$ | 1,447,576.00 |

Part 2: Summarize Your Liabilities

| | | Your liabilities Amount you owe |
|---|----|---|
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | | |
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ... | \$ | 375,000.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | | |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$ | 0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | \$ | 411,651.00 |
| Your total liabilities | | \$ 786,651.00 |

Part 3: Summarize Your Income and Expenses

| | | |
|---|----|-----------------|
| 4. Schedule I: Your Income (Official Form 106I) | | |
| Copy your combined monthly income from line 12 of <i>Schedule I</i> | \$ | 5,000.00 |
| 5. Schedule J: Your Expenses (Official Form 106J) | | |
| Copy your monthly expenses from line 22c of <i>Schedule J</i> | \$ | 8,501.67 |

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **JULIANA MAYER LOZA**Case number (if known) **21-50466**

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **0.00**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

| | Total claim |
|--|-----------------|
| From Part 4 on <i>Schedule E/F</i>, copy the following: | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ 0.00 |

Fill in this information to identify your case and this filing:

| | | | |
|---|---------------------------|-------------|-----------|
| Debtor 1 | JULIANA MAYER LOZA | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>DISTRICT OF NEVADA</u> | | | |
| Case number | <u>21-50466</u> | | |

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**
☐ No. Go to Part 2.

☒ Yes. Where is the property?

1.1

429 PANORAMA DRIVE

Street address, if available, or other description

| | | |
|------------------|-----------|-------------------|
| Stateline | NV | 89449-0000 |
| City | State | ZIP Code |

Douglas

County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$1,400,000.00

Current value of the portion you own?

\$1,400,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☒ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>**\$1,400,000.00****Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles
☒ No

☐ Yes

Debtor 1 **JULIANA MAYER LOZA**Case number (if known) **21-50466****4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*

- ☒ No
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$0.00**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples: Major appliances, furniture, linens, china, kitchenware*

- ☐ No
☒ Yes. Describe.....

QUASI-COMMUNITY PROPERTY INTEREST IN DECEASED SPOUSE'S (DR. EXLEY) MISC. HOUSEHOLD GOODS, FURNISHINGS, AND APPLIANCES, CONTINGENT ON DETERMINATION BY LOS ANGELES FAMILY COURT IN ACTION BY DR. EXLEY'S FORMER WIFE.

Unknown**7. Electronics***Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games*

- ☐ No
☒ Yes. Describe.....

1 LAPTOP; 2 IPADS; GALAXY 9 PLUS CELL PHONE; AND OTHER MISC. ELECTRONICS

\$500.00**8. Collectibles of value***Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles*

- ☒ No
☐ Yes. Describe.....

9. Equipment for sports and hobbies*Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments*

- ☐ No
☒ Yes. Describe.....

2 TENNIS RACKETS; SPORTS EQUIPMENT BAG

\$25.00**10. Firearms***Examples: Pistols, rifles, shotguns, ammunition, and related equipment*

- ☒ No
☐ Yes. Describe.....

11. Clothes*Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories*

- ☐ No
☒ Yes. Describe.....

EVERYDAY WEARING APPAREL

\$1,000.00

Debtor 1 **JULIANA MAYER LOZA**Case number (if known) **21-50466****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe.....**MISC. COSTUME JEWELRY****\$200.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses☐ No☒ Yes. Describe.....**1 DOG****\$1.00****14. Any other personal and household items you did not already list, including any health aids you did not list**☐ No☒ Yes. Give specific information.....**VIPER 3000 WHEELCHAIR AND TRAILER****\$300.00****15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here****\$2,026.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes.....**CASH ON
HAND****\$200.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes.....

Institution name:

17.1. CHECKING**BANK OF AMERICA #1045****\$350.00****18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

Debtor 1 **JULIANA MAYER LOZA**Case number (if known) **21-50466****20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☐ No☒ Yes. List each account separately.

Type of account:

Institution name:

ERISA**ATHENA MEDICAL GROUP PENSION PLAN &
RETIREMENT TRUST DEFINED BENEFIT
PLAN 1****Unknown****ERISA****ATHENA MEDICAL GROUP PENSION PLAN &
RETIREMENT TRUST MONEY PURCHASE
PLAN 2****Unknown****ERISA****ATHENA MEDICAL GROUP PENSION PLAN &
RETIREMENT TRUST DEFINED
CONTRIBUTION PLAN 3****Unknown****22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☐ No☒ Yes. Give specific information about them...

**BENEFICIARY OF BAI DES ANGE CV. D'SA SPENDTHRIFT
IRREVOCABLE FOREIGN TRUST IN BRUSSELS, BELGIUM.
MONTHLY INCOME PAYMENTS OF \$5,000 - \$7,500 WERE PAID TO
DEBTOR IN THE PAST, BUT HAVE NOT BEEN RECEIVED SINCE
COVID PANDEMIC BECAUSE THE TRUST OWNS TOURIST-BASED
ASSETS.**

Unknown

**SOLE BENEFICIARY AND SURVIVING TRUSTEE OF RAY WARREN
EXLEY M.D. NEVADA IRREVOCABLE FAMILY TRUST**

Unknown**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them...

Debtor 1 **JULIANA MAYER LOZA**Case number (if known) **21-50466****27. Licenses, franchises, and other general intangibles***Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses*☐ No☒ Yes. Give specific information about them...**INTERNATIONAL PILOT'S LICENSE****\$0.00****Money or property owed to you?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support***Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement*☒ No☐ Yes. Give specific information.....**30. Other amounts someone owes you***Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else*☐ No☒ Yes. Give specific information..**SURVIVOR'S SOCIAL SECURITY BENEFITS****Unknown****31. Interests in insurance policies***Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance*☒ No☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died*If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.*☐ No☒ Yes. Give specific information..**BENEFICIARY AND SPECIAL ADMINISTRATOR OF ESTATE OF RAY WARREN EXLEY, DECEASED.****Unknown****33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples: Accidents, employment disputes, insurance claims, or rights to sue*☐ No☒ Yes. Describe each claim.....**CLAIMS AGAINST AAA INSURANCE FOR UNDERINSURED MOTORIST CLAIM ARISING FROM 2018 CAR ACCIDENT WITH UNDERINSURED DRIVER. ESTIMATED AMOUNT OF DAMAGES.****\$45,000.00****34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☐ No☒ Yes. Describe each claim.....

Debtor 1 **JULIANA MAYER LOZA**Case number (if known) **21-50466**

POTENTIAL CLAIMS AGAINST UCLA MEDICAL CENTER, RELATED MEDICAL PROFESSIONALS AND FACILITIES AND OTHER YET UNKNOWN DEFENDANTS ARISING FROM DEATH OF RAY WARREN EXLEY, INCLUDING MEDICAL MALPRACTICE, WRONGFUL DEATH, NEGLIGENCE, AND OTHER RELATED TORTS.

\$0.00

35. Any financial assets you did not already list

☒ No☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$45,550.00**Part 5:** Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☒ No. Go to Part 6.☐ Yes. Go to line 38.**Part 6:** Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.☐ Yes. Go to line 47.**Part 7:** Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership☒ No☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00**Part 8:** List the Totals of Each Part of this Form

| | | |
|--|--------------------|---|
| 55. Part 1: Total real estate, line 2 | | \$1,400,000.00 |
| 56. Part 2: Total vehicles, line 5 | \$0.00 | |
| 57. Part 3: Total personal and household items, line 15 | \$2,026.00 | |
| 58. Part 4: Total financial assets, line 36 | \$45,550.00 | |
| 59. Part 5: Total business-related property, line 45 | \$0.00 | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | |
| 61. Part 7: Total other property not listed, line 54 | \$0.00 | |
| | + | |
| 62. Total personal property. Add lines 56 through 61... | \$47,576.00 | Copy personal property total \$47,576.00 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | | \$1,447,576.00 |

Fill in this information to identify your case:

| | | | |
|---|---------------------------|-------------|-----------|
| Debtor 1 | JULIANA MAYER LOZA | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF NEVADA | | |
| Case number (if known) | 21-50466 | | |

☐ Check if this is an amended filing
Official Form 106C**Schedule C: The Property You Claim as Exempt**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|---|--|---|------------------------------------|
| 429 PANORAMA DRIVE Stateline, NV 89449 Douglas County Line from <i>Schedule A/B</i> : 1.1 | \$1,400,000.00 | <input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(1) |
| QUASI-COMMUNITY PROPERTY INTEREST IN DECEASED SPOUSE'S (DR. EXLEY) MISC. HOUSEHOLD GOODS, FURNISHINGS, AND APPLIANCES, CONTINGENT ON DETERMINATION BY LOS ANGELES FAMILY COURT IN ACTION BY DR. EXLEY'S FORMER WIFE. Line from <i>Schedule A/B</i> : 6.1 | Unknown | <input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) |
| 1 LAPTOP; 2 IPADS; GALAXY 9 PLUS CELL PHONE; AND OTHER MISC. ELECTRONICS Line from <i>Schedule A/B</i> : 7.1 | \$500.00 | <input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) |
| 2 TENNIS RACKETS; SPORTS EQUIPMENT BAG Line from <i>Schedule A/B</i> : 9.1 | \$25.00 | <input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |

Debtor 1 **JULIANA MAYER LOZA**Case number (if known) **21-50466**

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|---|---|---|------------------------------------|
| EVERYDAY WEARING APPAREL Line from Schedule A/B: 11.1 | \$1,000.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) |
| MISC. COSTUME JEWELRY Line from Schedule A/B: 12.1 | \$200.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(4) |
| 1 DOG Line from Schedule A/B: 13.1 | \$1.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| VIPER 3000 WHEELCHAIR AND TRAILER Line from Schedule A/B: 14.1 | \$300.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(9) |
| CASH ON HAND Line from Schedule A/B: 16.1 | \$200.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| CHECKING: BANK OF AMERICA #1045 Line from Schedule A/B: 17.1 | \$350.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| ERISA: ATHENA MEDICAL GROUP PENSION PLAN & RETIREMENT TRUST DEFINED BENEFIT PLAN 1 Line from Schedule A/B: 21.1 | Unknown | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(12) |
| ERISA: ATHENA MEDICAL GROUP PENSION PLAN & RETIREMENT TRUST DEFINED BENEFIT PLAN 1 Line from Schedule A/B: 21.1 | Unknown | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 29 U.S.C. § 1056(d) |
| ERISA: ATHENA MEDICAL GROUP PENSION PLAN & RETIREMENT TRUST MONEY PURCHASE PLAN 2 Line from Schedule A/B: 21.2 | Unknown | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(12) |
| ERISA: ATHENA MEDICAL GROUP PENSION PLAN & RETIREMENT TRUST MONEY PURCHASE PLAN 2 Line from Schedule A/B: 21.2 | Unknown | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 29 U.S.C. § 1056(d) |
| ERISA: ATHENA MEDICAL GROUP PENSION PLAN & RETIREMENT TRUST DEFINED CONTRIBUTION PLAN 3 Line from Schedule A/B: 21.3 | Unknown | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(12) |

Debtor 1 **JULIANA MAYER LOZA**Case number (if known) **21-50466**

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|--|---|---|--|
| ERISA: ATHENA MEDICAL GROUP PENSION PLAN & RETIREMENT TRUST DEFINED CONTRIBUTION PLAN 3 Line from Schedule A/B: 21.3 | Unknown | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 29 U.S.C. § 1056(d) |
| BENEFICIARY OF BAI DES ANGE CV. D'SA SPENDTHRIFT IRREVOCABLE FOREIGN TRUST IN BRUSSELS, BELGIUM. MONTHLY INCOME PAYMENTS OF \$5,000 - \$7,500 WERE PAID TO DEBTOR IN THE PAST, BUT HAVE NOT BEEN RECEIVED SINCE COVID PANDEMIC BECAUSE THE TRUST OWNS TOURIST-BASE Line from Schedule A/B: 25.1 | Unknown | <input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | SPENDTHRIFT TRUST EXCLUDED FROM ESTATE UNDER § 541 |
| SOLE BENEFICIARY AND SURVIVING TRUSTEE OF RAY WARREN EXLEY M.D. NEVADA IRREVOCABLE FAMILY TRUST Line from Schedule A/B: 25.2 | Unknown | <input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | IRREVOCABLE TRUST EXEMPT FROM ESTATE PROPERTY UNDER § 541 |
| INTERNATIONAL PILOT'S LICENSE Line from Schedule A/B: 27.1 | \$0.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| SURVIVOR'S SOCIAL SECURITY BENEFITS Line from Schedule A/B: 30.1 | Unknown | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(10)(A) |
| CLAIMS AGAINST AAA INSURANCE FOR UNDERINSURED MOTORIST CLAIM ARISING FROM 2018 CAR ACCIDENT WITH UNDERINSURED DRIVER. ESTIMATED AMOUNT OF DAMAGES. Line from Schedule A/B: 33.1 | \$45,000.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(11)(D) |
| POTENTIAL CLAIMS AGAINST UCLA MEDICAL CENTER, RELATED MEDICAL PROFESSIONALS AND FACILITIES AND OTHER YET UNKNOWN DEFENDANTS ARISING FROM DEATH OF RAY WARREN EXLEY, INCLUDING MEDICAL MALPRACTICE, WRONGFUL DEATH, NEGLIGENCE, AND OTHER RELATED TORTS. Line from Schedule A/B: 34.1 | \$0.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(11)(B) |

Debtor 1 **JULIANA MAYER LOZA**

Case number (if known) **21-50466**

3. **Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Fill in this information to identify your case:

| | | | |
|---|---------------------------|-------------|-----------|
| Debtor 1 | JULIANA MAYER LOZA | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF NEVADA | | |
| Case number (if known) | 21-50466 | | |

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A | Column B | Column C |
|---|--|-----------------------------|
| Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| | | |

| | | | | | |
|-----|--|--|------------------------------|--------------------------------|------------------------|
| 2.1 | LEVERTY & ASSOCIATES LAW, CHTD. <small>Creditor's Name</small> 832 WILLOW STREET Reno, NV 89502 <small>Number, Street, City, State & Zip Code</small> | Describe the property that secures the claim: <div style="border: 1px solid black; padding: 2px;"> 429 PANORAMA DRIVE Stateline, NV 89449 Douglas County </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Deed of Trust | \$175,000.00 <hr/> | \$1,400,000.00 <hr/> | \$0.00 <hr/> |
|-----|--|--|------------------------------|--------------------------------|------------------------|

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred _____ Last 4 digits of account number _____

Debtor 1 **JULIANA MAYER LOZA**

First Name

Middle Name

Last Name

Case number (if known)

21-50466

2.2

**LEVERTY &
ASSOCIATES LAW,
CHTD.**

Creditor's Name

Describe the property that secures the claim:

\$200,000.00**\$1,400,000.00****\$0.00****429 PANORAMA DRIVE Stateline,
NV 89449 Douglas County**

As of the date you file, the claim is: Check all that apply.

☒ Contingent☒ Unliquidated☒ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☒ Judgment lien from a lawsuit☐ Other (including a right to offset) _____**832 WILLOW STREET
Reno, NV 89502**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here:

\$375,000.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$375,000.00**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

[]

Name, Number, Street, City, State & Zip Code

**ALLIED FORECLOSURE SERVICES
190 W. HUFFAKER LANE, #408
Reno, NV 89511**On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number ____

Fill in this information to identify your case:

| | | | |
|---|---------------------------|-------------|-----------|
| Debtor 1 | JULIANA MAYER LOZA | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: DISTRICT OF NEVADA | | | |
| Case number | 21-50466 | | |
| (if known) | | | |

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**
☒ No. Go to Part 2.

☐ Yes.
Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**
☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1

**ATHENA MEDICAL GROUP
RETIREMENT TRUST**

Nonpriority Creditor's Name

**C/O STATE AGENT & TRANSFER
SYNDICATE
112 N. CURRY STREET
CARSON CITY, NV 89703**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$182,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **LOANS**

Debtor 1 **JULIANA MAYER LOZA**Case number (if known) **21-50466**

4.2

CHARLES EXLEY

Nonpriority Creditor's Name

ADDRESS UNKNOWN

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

\$52,000.00**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify _____

4.3

CIGNA HEALTH INSURANCE

Nonpriority Creditor's Name

**900 COTTAGE GROVE RD.
Bloomfield, CT 06002**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

\$3,408.00**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **GOODS/SERVICES**

4.4

EVA DLOOMY DDS

Nonpriority Creditor's Name

**9201 SUNSET BLVD, #501
West Hollywood, CA 90069**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

\$855.00**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **MEDICAL SERVICES**

Debtor 1 **JULIANA MAYER LOZA**Case number (if known) **21-50466**

4.5

**FRAWLEY BEVERLY HILLS
DENTISTRY**

Nonpriority Creditor's Name

8920 WILSHIRE BLVD.**SUITE 701****BEVERLY HILLS, CA 90211**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$8,355.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **GOODS/SERVICES**

4.6

FRIEDMAN & FRIEDMAN

Nonpriority Creditor's Name

9454 WILSHIRE BLVD.**#313****Beverly Hills, CA 90212**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$28,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **LEGAL SERVICES**

4.7

GORDON & GORDON

Nonpriority Creditor's Name

1200 WILSHIRE BLVD.**#608****Los Angeles, CA 90017**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$87,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **LEGAL SERVICES**

Debtor 1 **JULIANA MAYER LOZA**Case number (if known) **21-50466**

4.8

KGID WATER/ SEWER

Nonpriority Creditor's Name

**255 KINGSBURY GRADE ROAD
STATELINE, NV 89449**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

\$533.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **WATER/ SEWER**

4.9

KIRK NEVADA WALKER, ESQ.

Nonpriority Creditor's Name

**400 S. 4TH STREET
#500****Las Vegas, NV 89101**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

\$20,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **LEGAL SERVICES**4.1
0**SULLIVAN LAW**

Nonpriority Creditor's Name

**1625 NV-88
#401****Minden, NV 89423**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

\$14,500.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **LEGAL SERVICES**

Debtor 1 **JULIANA MAYER LOZA**Case number (if known) **21-50466**4.1
1**ZACHARY SCHORR, ESQ.**

Last 4 digits of account number

\$15,000.00

Nonpriority Creditor's Name

**1901 AVENUE OF THE STARS
STE 615
Los Angeles, CA 90067**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **LEGAL SERVICES****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | Total Claim | |
|--------------------------|---|-------------|---------------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. | \$ 0.00 |
| | 6b. Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| Total claims from Part 2 | 6f. Student loans | 6f. | \$ 0.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 411,651.00 |
| | 6j. Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 411,651.00 |

Fill in this information to identify your case:

| | | | |
|---|---------------------------|-------------|-----------|
| Debtor 1 | JULIANA MAYER LOZA | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF NEVADA | | |
| Case number | 21-50466 | | |
| (if known) | | | |

☐ Check if this is an amended filing

Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|--|---|
| 2.1 | <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |
| 2.2 | <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |
| 2.3 | <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |
| 2.4 | <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |
| 2.5 | <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |

Fill in this information to identify your case:

| | | | |
|---|---------------------------|-------------|-----------|
| Debtor 1 | JULIANA MAYER LOZA | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF NEVADA | | |
| Case number (if known) | 21-50466 | | |

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☐ No
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No. Go to line 3.
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

- ☐ No
☒ Yes.

In which community state or territory did you live? -NONE- . Fill in the name and current address of that person.

 Name of your spouse, former spouse, or legal equivalent
 Number, Street, City, State & Zip Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
 Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
 Check all schedules that apply:

3.1 **RAY WARREN EXLEY, M.D. (DECEASED)**

- ☒ Schedule D, line 2.1
☐ Schedule E/F, line _____
☐ Schedule G _____
LEVERTY & ASSOCIATES LAW, CHTD.

Fill in this information to identify your case:

Debtor 1 JULIANA MAYER LOZADebtor 2
(Spouse, if filing)United States Bankruptcy Court for the: DISTRICT OF NEVADACase number 21-50466
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Employment status

- ☒ Employed
- ☐ Not employed

- ☐ Employed
- ☐ Not employed

Include part-time, seasonal, or self-employed work.

Occupation

**NON-SALARY
POSITION/ERISA ADMIN**

Occupation may include student or homemaker, if it applies.

Employer's name

**ATHENA MEDICAL GROUP,
INC.**

Employer's address

**112 N. CURRY STREET
Carson City, NV 89703**How long employed there? 10 YEARS**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|-----------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | \$ <u>0.00</u> | \$ <u>N/A</u> |
| 3. Estimate and list monthly overtime pay. | +\$ <u>0.00</u> | +\$ <u>N/A</u> |
| 4. Calculate gross income. Add line 2 + line 3. | \$ <u>0.00</u> | \$ <u>N/A</u> |

Debtor 1 **JULIANA MAYER LOZA**Case number (if known) **21-50466**

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|--|-----------------------------------|
| Copy line 4 here | 4. \$ 0.00 | \$ N/A |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 0.00 | \$ N/A |
| 5b. Mandatory contributions for retirement plans | 5b. \$ 0.00 | \$ N/A |
| 5c. Voluntary contributions for retirement plans | 5c. \$ 0.00 | \$ N/A |
| 5d. Required repayments of retirement fund loans | 5d. \$ 0.00 | \$ N/A |
| 5e. Insurance | 5e. \$ 0.00 | \$ N/A |
| 5f. Domestic support obligations | 5f. \$ 0.00 | \$ N/A |
| 5g. Union dues | 5g. \$ 0.00 | \$ N/A |
| 5h. Other deductions. Specify: | 5h.+ \$ 0.00 | + \$ N/A |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. \$ 0.00 | \$ N/A |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ 0.00 | \$ N/A |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ 0.00 | \$ N/A |
| 8b. Interest and dividends | 8b. \$ 0.00 | \$ N/A |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ 0.00 | \$ N/A |
| 8d. Unemployment compensation | 8d. \$ 0.00 | \$ N/A |
| 8e. Social Security | 8e. \$ 0.00 | \$ N/A |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. \$ 0.00 | \$ N/A |
| 8g. Pension or retirement income | 8g. \$ 0.00 | \$ N/A |
| 8h. Other monthly income. Specify: EST. NET INCOME FROM BELGIUM TRUST | 8h.+ \$ 5,000.00 | + \$ N/A |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. \$ 5,000.00 | \$ N/A |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ 5,000.00 + \$ N/A | = \$ 5,000.00 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: | 11. +\$ 0.00 | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies | 12. \$ 5,000.00 | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? | | |
| <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: DEBTOR HAS NOT RECEIVED TRUST INCOME FROM BELGIUM TRUST SINCE COVID PANDEMIC BUT ANTICIPATES THE INCOME WILL RESUME IN THE FUTURE. DEBTOR HAS ALSO APPLIED FOR SURVIVOR'S SOCIAL SECURITY BENEFITS BECAUSE OF DR. EXLEY'S DEATH. FINALLY, DEBTOR INTENDS TO RENT ROOMS AT THE PROPERTY LOCATED AT 429 PANORAMA DRIVE, STATELINE, NV 89449. | | |

Fill in this information to identify your case:

Debtor 1 JULIANA MAYER LOZA

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number 21-50466
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.☐ Yes. Does Debtor 2 live in a separate household?☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 333.33

4b. Property, homeowner's, or renter's insurance

4b. \$ 166.67

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 166.67

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **JULIANA MAYER LOZA**Case number (if known) **21-50466**

| | |
|--|--------------------------|
| 6. Utilities: | |
| 6a. Electricity, heat, natural gas | 6a. \$ <u>250.00</u> |
| 6b. Water, sewer, garbage collection | 6b. \$ <u>195.00</u> |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ <u>200.00</u> |
| 6d. Other. Specify: _____ | 6d. \$ <u>0.00</u> |
| 7. Food and housekeeping supplies | 7. \$ <u>440.00</u> |
| 8. Childcare and children's education costs | 8. \$ <u>0.00</u> |
| 9. Clothing, laundry, and dry cleaning | 9. \$ <u>92.00</u> |
| 10. Personal care products and services | 10. \$ <u>42.00</u> |
| 11. Medical and dental expenses | 11. \$ <u>68.00</u> |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ <u>200.00</u> |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ <u>148.00</u> |
| 14. Charitable contributions and religious donations | 14. \$ <u>0.00</u> |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. Life insurance | 15a. \$ <u>0.00</u> |
| 15b. Health insurance | 15b. \$ <u>0.00</u> |
| 15c. Vehicle insurance | 15c. \$ <u>0.00</u> |
| 15d. Other insurance. Specify: RENTERS INS. CA HOUSE | 15d. \$ <u>200.00</u> |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. \$ <u>0.00</u> |
| 17. Installment or lease payments: | |
| 17a. Car payments for Vehicle 1 | 17a. \$ <u>0.00</u> |
| 17b. Car payments for Vehicle 2 | 17b. \$ <u>0.00</u> |
| 17c. Other. Specify: _____ | 17c. \$ <u>0.00</u> |
| 17d. Other. Specify: _____ | 17d. \$ <u>0.00</u> |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ <u>0.00</u> |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | 19. \$ <u>0.00</u> |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | |
| 20a. Mortgages on other property | 20a. \$ <u>0.00</u> |
| 20b. Real estate taxes | 20b. \$ <u>0.00</u> |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ <u>0.00</u> |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ <u>0.00</u> |
| 20e. Homeowner's association or condominium dues | 20e. \$ <u>0.00</u> |
| 21. Other: Specify: MORTGAGE PAYMENT DURING APPEAL | 21. +\$ <u>6,000.00</u> |
| 22. Calculate your monthly expenses | |
| 22a. Add lines 4 through 21. | \$ <u>8,501.67</u> |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ _____ |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ <u>8,501.67</u> |
| 23. Calculate your monthly net income. | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ <u>5,000.00</u> |
| 23b. Copy your monthly expenses from line 22c above. | 23b. -\$ <u>8,501.67</u> |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. \$ <u>-3,501.67</u> |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | |
| <input checked="" type="checkbox"/> No. | |
| <input type="checkbox"/> Yes. Explain here: _____ | |

Fill in this information to identify your case:

| | | | |
|---|---------------------------|-------------|-----------|
| Debtor 1 | JULIANA MAYER LOZA | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF NEVADA | | |
| Case number (if known) | 21-50466 | | |

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ JULIANA MAYER LOZA

JULIANA MAYER LOZA

Signature of Debtor 1

Date August 6, 2021

X _____

Signature of Debtor 2

Date _____

Fill in this information to identify your case:

Debtor 1 **JULIANA MAYER LOZA**
 First Name Middle Name Last Name

Debtor 2
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number **21-50466**
 (if known)

☐ Check if this is an amended filing

Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

- ☐ Married
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

**9504 HIGHRIDGE PLACE
 BEVERLY HILLS, CA 90210**

Dates Debtor 1 lived there

From-To:
**2008-PRESENT
 OFF AND ON
 CONCURRENTLY WHILE ALSO
 LIVING IN
 STATELINE**

Debtor 2 Prior Address:

☐ Same as Debtor 1

Dates Debtor 2 lived there

☐ Same as Debtor 1
 From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☐ No
☒ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☒ No
☐ Yes. Fill in the details.

Debtor 1

Sources of income
 Check all that apply.

Gross income
 (before deductions and exclusions)

Debtor 2

Sources of income
 Check all that apply.

Gross income
 (before deductions and exclusions)

Debtor 1 **JULIANA MAYER LOZA**Case number (if known) **21-50466****5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

☒ Yes. Fill in the details.

| | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) |
|--|--|---|--|---|
| From January 1 of current year until the date you filed for bankruptcy: | TBD | \$0.00 | | |
| For last calendar year: (January 1 to December 31, 2020) | TBD | \$0.00 | | |
| For the calendar year before that: (January 1 to December 31, 2019) | TBD | \$0.00 | | |

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

☐ No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for ... |
|-----------------------------|------------------|-------------------|----------------------|--------------------------|
|-----------------------------|------------------|-------------------|----------------------|--------------------------|

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|----------------------------|------------------|-------------------|----------------------|-------------------------|
|----------------------------|------------------|-------------------|----------------------|-------------------------|

Debtor 1 **JULIANA MAYER LOZA**Case number (if known) **21-50466****8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

☒ No☐ Yes. List all payments to an insider

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
|----------------------------|------------------|-------------------|----------------------|--|
|----------------------------|------------------|-------------------|----------------------|--|

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No☒ Yes. Fill in the details.

| Case title Case number | Nature of the case | Court or agency | Status of the case |
|---|-----------------------------|---|--|
| EUGENE LEVERTY V. RAY W. EXLEY ET AL. 3:17-CV-0175-MMD-VPC | BREACH OF CONTRACT | UNITED STATES DISTRICT COURT, NEVADA RENO, NV 89509 | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| ATHENA V. EUGENE LEVERTY 3:21-CV-00274 | QUIET TITLE | UNITED STATES DISTRICT COURT, NEVADA RENO, NV 89509 | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| OCHOA V. ATHENA ERISA PLAN 19-CV-0214 | BREACH OF CONTRACT | NINTH JUDICIAL DISTRICT COURT DOUGLAS COUNTY, NEVADA | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| EUGENE LEVERTY V. RAY W. EXLEY 19-CV-0299 | FORECLOSURE | NINTH JUDICIAL DISTRICT COURT DOULGAS COUNTY, NEVADA | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| EUGENE LEVERTY V. ATHENA 2021-CV-0057 | ALLEGED FRAUDULENT TRANSFER | NINTH JUDICIAL DISTRICT COURT DOUGLAS COUNTY, NEVADA | <input type="checkbox"/> Pending <input checked="" type="checkbox"/> On appeal <input type="checkbox"/> Concluded MOTION TO SET ASIDE DEFAULT JUDGMENT; MOTION TO STAY |
| ATHENA V. EUGENE LEVERTY 2021-CV-0086 | QUIET TITLE | NINTH JUDICIAL DISTRICT COURT DOUGLAS COUNTY, NEVADA | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded REMOVED TO FEDERAL COURT |
| SPECIAL REPRESENTATIVE O'BRIEN V. RAY W. EXLEY BD 468-094 | MARITAL DISSOLUTION | LOS ANGELES SUPERIOR COURT LOS ANGELES, CA | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |

Debtor 1 **JULIANA MAYER LOZA**Case number (if known) **21-50466**

| Case title Case number | Nature of the case | Court or agency | Status of the case |
|---|--------------------------------------|---|---|
| IN RE ESTATE OF RAY W. EXLEY 20-PB-0129 | PROBATE | NINTH JUDICIAL DISTRICT COURT DOUGLAS COUNTY, NEVADA | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| IN RE ESTATE OF RAY W. EXLEY 20-STPB-08595 | PROBATE SPECIAL REPRESENTATIVE | LOS ANGELES SUPERIOR COURT | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| O'BRIEN V. LOZA 20SMCV00456 | UNLAWFUL DETAINER | LOS ANGELES SUPERIOR COURT | <input type="checkbox"/> Pending <input checked="" type="checkbox"/> On appeal <input type="checkbox"/> Concluded |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

☒ No. Go to line 11.

☐ Yes. Fill in the information below.

| Creditor Name and Address | Describe the Property Explain what happened | Date | Value of the property |
|---------------------------|--|------|--------------------------|
|---------------------------|--|------|--------------------------|

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

☒ No

☐ Yes. Fill in the details.

| Creditor Name and Address | Describe the action the creditor took | Date action was taken | Amount |
|---------------------------|---------------------------------------|--------------------------|--------|
|---------------------------|---------------------------------------|--------------------------|--------|

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

☒ No

☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No

☐ Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|---|--------------------|-----------------------------|-------|
| Person to Whom You Gave the Gift and Address: | | | |

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | Dates you contributed | Value |
|---|-------------------------------|--------------------------|-------|
|---|-------------------------------|--------------------------|-------|

Debtor 1 **JULIANA MAYER LOZA**Case number (if known) **21-50466****Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
☐ Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> . | Date of your loss | Value of property lost |
|--|---|-------------------|------------------------|
|--|---|-------------------|------------------------|

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

| Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|---|-----------------------------------|-------------------|
| HARRIS LAW PRACTICE LLC 6151 LAKESIDE DRIVE STE 2100 RENO, NV 89511 | | 6/22/2021 | \$4,500.00 |
| ALLEN CREDIT AND DEBT COUNSELING AGENCY | | 06/22/2021 | \$50.00 |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

| Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--------------------------------|---|-----------------------------------|-------------------|
|--------------------------------|---|-----------------------------------|-------------------|

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

| Person Who Received Transfer Address Person's relationship to you | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|---|--|------------------------|
|---|---|--|------------------------|

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☐ No
☒ Yes. Fill in the details.

| Name of trust | Description and value of the property transferred | Date Transfer was made |
|--|---|------------------------|
| RAY W. EXLEY, M.D. NEVADA FAMILY TRUST | 429 PANORAMA DRIVE, STATELINE, NV 89449 | DECEMBER 2015 |

Debtor 1 JULIANA MAYER LOZA

Case number (if known) 21-50466

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☒ No☐ Yes. Fill in the details.

| Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|-------------------------------|--|---|
|--|---------------------------------|-------------------------------|--|---|

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No☐ Yes. Fill in the details.

| Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|--|---|-----------------------|-----------------------|
|--|---|-----------------------|-----------------------|

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No☐ Yes. Fill in the details.

| Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|---|--|-----------------------|-----------------------|
|---|--|-----------------------|-----------------------|

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☐ No☒ Yes. Fill in the details.

| Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
|---|---|---|---------|
| ATHENA MEDICAL GROUP RETIREMENT TRUST C/O STATE AGENT & TRANSFER SYNDICATE 112 N. CURRY STREET CARSON CITY, NV 89703 | CALIFORNIA OR NEVADA | DEBTOR OCCASSIONALLY DRIVES VEHICLES OWNED BY ATHENA. | Unknown |

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☒ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☒ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☒ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 **JULIANA MAYER LOZA**Case number (if known) **21-50466**

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

| Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--|---|-----------------------------------|----------------|
|--|---|-----------------------------------|----------------|

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

| Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--|---|-----------------------------------|----------------|
|--|---|-----------------------------------|----------------|

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

| Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
|---------------------------|---|--------------------|--------------------|
|---------------------------|---|--------------------|--------------------|

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☒ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

| Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. Dates business existed |
|--|---|--|
| ATHENA MEDICAL GROUP 429 PANORAMA DRIVE STATELINE, NV 89449 | MEDICAL RESEARCH | EIN: 95-3249308 From-To 2012-PRESENT |

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
☐ Yes. Fill in the details below.

| Name Address (Number, Street, City, State and ZIP Code) | Date Issued |
|---|-------------|
|---|-------------|

Debtor 1 JULIANA MAYER LOZACase number (if known) 21-50466**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ JULIANA MAYER LOZAJULIANA MAYER LOZA

Signature of Debtor 1

Signature of Debtor 2Date August 6, 2021_____
DateDid you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?☒ No☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
District of Nevada

In re **JULIANNA MAYER LOZA**

Debtor(s)

Case No.

Chapter

13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | | |
|---|----|------------------------------|
| For legal services, I have agreed to accept | \$ | ACTUAL FEES/COSTS |
| Prior to the filing of this statement I have received | \$ | 4,500.00 |
| Balance Due | \$ | 0.00 |

2. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. [Other provisions as needed]
Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 22, 2021

Date

/s/ STEPHEN R. HARRIS**STEPHEN R. HARRIS**

Signature of Attorney

HARRIS LAW PRACTICE LLC**6151 LAKESIDE DRIVE****SUITE 2100****Reno, NV 89511****775-786-7600 Fax: 775-786-7764****steve@harrislawreno.com**

Name of law firm